

Fee: \$ 125.15 /year per device  
Check payable to City of Concord

PERMIT NO. \_\_\_\_\_

City of Concord  
Health Services Division  
37 Green Street  
Concord, New Hampshire 03301

**APPLICATION FOR LICENSE TO OPERATE AMUSEMENT DEVICES**

Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_  
(Must be over 18 years of age)

Address \_\_\_\_\_

If a firm, corporation, partnership or association, please list names and addresses of principal officers:

\_\_\_\_\_  
\_\_\_\_\_

Owner of Devices \_\_\_\_\_ Phone \_\_\_\_\_

Address of Owner \_\_\_\_\_

Please indicate the name and address of business where device(s) will be operated:

\_\_\_\_\_  
Type of Business \_\_\_\_\_

(Restaurant, Store, Lounge, Etc.)

Total Number of Devices: \_\_\_\_\_

Please list the names of devices below:

_____	_____
_____	_____
_____	_____
_____	_____

**ALL LICENSES EXPIRE APRIL 30.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

APPROVED \_\_\_\_\_ Date \_\_\_\_\_  
Licensing Officer